To: 18506176383 From: 12147128131 Date: 11/08/19 Time: 1:30 PM Page: 01/02



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11/8/2019

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011

Phone : (844)386-0178 Fax Number : (214)317-4754

.

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LLC REGISTERED AGENT CHANGE HYB-HUB, LLC

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(((H19000330480 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: HYB-HUB, LL0	C					<u> </u>
			n)				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `)				ility company: FICE BOX)
	4602 CR 673, LOT 1554	_	4602 CF	R 673, LO	OT 155	4	
	BUSHNELL, FL 33513	BUSHNELL, FL 33513					
	03/11/2019		L19000067311				
3.	Date of filing/registration in Florida	4.		Documen	it numbe	r	
5. ta							
	Registered Agent and Registered Office shown on the records of the REGISTERED AGENTS INC	e Florid	a Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	7901 4TH STREET NORTH, SUITE 300				>-	62 6 2	
	ST.PETERSBURG ,FL	33702		-		2013 NOV	दशनूद : 1]
(b)					ALLAHAJSELIT	¥ 8	ger bodus g
10,	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	ldress	-		E	1
	LEGALING CORPORATE SERVICES INC.			_	c: F.	∵ ₩	Arm.
	NEW Registered Office Address:				>	Ē	
	5237 SUMMERLIN COMMONS, SUITE 400			-			
	FORT MYERS, FI.	33907	,	.			
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility co the lin imited	stered office ompany, it is nited liability liability con	e and the b s hereby c y company npany.	ousiness ontirme	office d that t	of the registered he change(s)
	Heather Letto aure of a member or authorized representative of a member	HE	ATHER L	ETTO Printed or			No.
I hero provis the ob- to med notifie	where of a member or authorized representative of a member of a member of a member of a member of accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete placetions of my position as registered agent as provided rely reflect a change in the registered office address. I have a member of this change.	ee to ac perforn! for in ereby c	t in this cap tance of my t Chapter 605 onfirm that	acin I fu	ether au	nee to	comply with the

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